that lawyers approach case law; which ensures a uniformity of interpretation of the rules. Inconsistencies, which are bound to develop in the decisions that different trusts take, will be exploited. As faith in the system deteriorates there will be more appeals: the very purpose of the new procedure to speed up the resolution of complaints will have failed.

Doctors must be concerned about a procedure in which they will be judged by people within the same political and competitive environment. Patients, too, will have their doubts about the objectivity of a complaints process where those who investigate and those who are being investigated are so close to one another. Article 6 of the *Human Rights Act 1998* provides the right to a fair trial. It will be interesting to see how often it gets invoked to challenge the spectre of prejudice in stream two complaints procedures.

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REFERENCES

1 General Medical Council. *Referral To Local NHS Procedures Factsheet*. London: GMC, 2005 [www.gmc-uk.org/concerns/complain/referral_to_local_procedures_factsheet.asp] Accessed 17.1.06

2 General Medical Council. *GMC Changes Complaints Handling Process,* Press Release17.10.05. London: GMC, 2005 [www.gmcpressoffice.org.uk/apps/news/latest/detail.php?key=191] Accessed 17.1.06

'Open-access' publishing: first the evidence—then the verdict

'Nec audiendi sunt ii qui volent dicere, vox populi vox Dei, cum tumultuositas vulgi semper insaniae proxima est' [ignore those who say that the people's voice is God's voice—mob-led panic is ever akin to madness; Alcuin, in a letter to Charlemagne (804)]

> 'No!' said the Queen, 'first the sentence, and then the evidence!' [Lewis Carroll, *Alice's Adventures Underground* (1864)]

We respect the medieval proverb *vox populi vox dei* in many walks of life, perhaps increasingly today, with vox pop so readily accessible. *Vox populi* (or at least *suffragia populi*) elects governments, although in return governments generally prefer to ignore it: in the UK it takes major dissent to deflect a government from its plans, and referenda are rare. The jury system also enshrines the principle, and when important matters are undecided we say that the jury, a sort of focus group, is still out.

Focus groups as vox pop are a legitimate method of research in the social sciences, if used correctly and for proper ends.[1] They can generate hypotheses or help in constructing questionnaires for larger studies, and they can uncover factors that affect people's behaviour, suggesting potential methods of altering that behaviour. However, using focus groups to inform political policy (popular in recent years) is risky, because they do not necessarily reflect the opinions of the majority; even if they do, the majority opinion does not necessarily dictate the best policy (buy *The Sun*—six million readers can't be wrong).

In this issue of the *JRSM*, Schroter and Tite report the results of a questionnaire study on knowledge of open-access publishing and attitudes to it.[2] Questionnaire studies in large populations can yield useful insights into what people know or believe. However, they are not suitable for some types of study.[3] For example, don't ask doctors about their professional behaviour—they consistently overestimate their performance.[4] Schroter and Tite found that their respondents, authors of research papers, knew and understood little about open-access publication and its implications. Are their other findings valid or useful? I don't know, but I have doubts. For example, bias in answering questions could have been reduced by sending half the sample a similar questionnaire with questions couched in opposite terms (e.g. negative for positive), but that was not done. Do their findings reflect the true opinions of a group of individuals whose views should be influential? Perhaps not: some were inexperienced in research and publishing; others confessed that they knew nothing about open access. And, however well-informed the opinions, the results tell us nothing about the important issue: whether open-access publishing will on balance benefit research and its safe dissemination.

Open-access publishing has many different definitions,[5] but it is based on the idea that research findings should be made available immediately to everyone, via the author,

without payment. This is a high ideal and sounds unimpeachable. The benefits include instant dissemination of research results to scientists and the public, increased ease of retrievability, and reduced costs to research institutions. But like other ideas that were thought to be self-evidently beneficial at the time,[6] there may be downsides and unintended consequences. The benefits have not been proven to be so beneficial that the balance of benefit to harm is favourable. For example, instant widespread dissemination of research results may not be beneficial if the results are used inappropriately or misinterpreted before their true value has been established over a period of reflection and careful testing—was the immediate widespread dissemination of Wakefield's work on the measles, mumps and rubella (MMR) vaccine beneficial?

The argument about reduced costs is a slippery one. What open access actually proposes is a redistribution of costs. Bookshops and libraries give everyone open access to their contents, but someone has to pay: for the bookshop—the customer; for the library—the taxpayer. Publishing scientific work in learned journals isn't free: either subscribers (individuals or institutions) pay, in which case only they have immediate access; or authors (individuals or institutions acting on their behalf) pay, in which case everyone can have immediate access. A few journals have other sources of funding—such as advertising and the support of their sponsoring institutions—and can afford to give free access to research papers immediately without charging authors. Most others cannot, but many are willing to do so after a variable period.

The potential disadvantages of open access publishing are many. I have reviewed them elsewhere.[7] They include concerns about peer review, quality control, research in developing countries and by junior researchers, and the future of learned societies. These concerns are shared by the Royal Society[8] and these and other issues were recently debated in the House of Commons, in the light of the Science and Technology Committee's 10th Report of Session 2003–04. Although the title of that debate (taken from the report) was misleading—nothing is 'free for all'—it at least lacked hyphens, and the discussion was well informed, lively, and civilized.[9]

The debate about open-access publishing has been fruitful. The view that all research should be universally available free as soon as it is published has been replaced by more reasonable proposals, for example to make it available 6–12 months after publication, which some journals already do anyway. However, the proposal that institutions such as universities and grant-giving bodies should create freely accessible archives of their own material has been criticized,[10] partly because of fears about flooding the system with confusing non-definitive versions.

'More research is needed'—a common cry.[11] Well, it is happening. For example, Research Councils UK and the Royal Society, in collaboration with publishers, are studying the impact that self-publishing and self-archiving will have.[9] Let us have more research, not more vox pop. Then we can reach a verdict after obtaining the evidence, rather than the other way round.

Competing interests JKA is President-elect of the British Pharmacological Society, an academic society that obtains most of its funding from its academic journals; he is Chairman of the Editorial Board of the *British Journal of Clinical Pharmacology*, which is published on the Society's behalf by Blackwell Publishing as a subscription journal with free electronic access after 12 months and an optional author-pays scheme; its complete archives are being digitized for free access.

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REFERENCES

1 Morgan DL, Kreuger RA. When to use focus groups and why. In: Morgan DL, ed. *Successful Focus Groups*. London: Sage, 1993

2 Boynton PM, Greenhalgh T. Selecting, designing, and developing your questionnaire. *BMJ* 2004;**328**:1312–15

3 Adams AS, Soumerai SB, Lomas J, Ross-Degnan D. Evidence of self-report bias in assessing adherence to guidelines. *Int J Qual Health Care* 1999;**11**:187–92

4 Schroter S, Tite L. Open access publishing and author-pays business models: a survey of authors' knowledge and perceptions. *J R Soc Med* 2006;**99**:141–8

5 Meyers B. Open access: a matter for definition. *Society for Scholarly Publishing. Issue Status Report, June 2004*. [www.sspnet.org/i4a/pages/Index.cfm?pageid3571] Accessed 31 January 2006

6 Cuervo LG, Aronson JK. The road to health care. *BMJ* 2004;**329**:1–2

7 Aronson JK. Open access publishing: too much oxygen? *BMJ* 2005; **330**:759 [http://bmj.bmjjournals.com/cgi/content/full/330/7494/759/DC1] Accessed 31 January 2006

8 The Royal Society's position on open access publishing. [www.royalsoc.ac.uk/page.asp?id3967] Accessed 31 January 2006

9 Scientific publications: free for all? *Hansard* 15 Dec 2005: Columns 501WH-548WH [www.publications.parliament.uk/pa/cm200506/cmhansrd/cm051215/halltext/51215h01.htm] Accessed 31 January 2006

10 Check E. NIH open-access plans draw fire from both sides. *Nature* 2005;**433**:561

11 Maldonado G, Poole C. More research is needed. *Ann Epidemiol* 1999;**9**:17–18